

MAR 15 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County AudrainRegistration District No. 26Township Stat. RiverPrimary Registration District No. 3002City Mexico Mo(No Audrain Hospital)File No. 4869Registered No. 39

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Eunice Ruth Debo.(a) Residence, No. 310 W. Pearson

St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFChas. I. Debo

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 6, 1914

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....hrs.  
or .....min.22323

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Laundry Work9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.Crown Laundry  
Mexico, Mo.10. Date deceased last worked at  
this occupation (month and  
year) Feb 193611. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN) Lewistown, Missouri  
(STATE OR COUNTRY)

## FATHER

## 13. NAME

B. R. Blackburn14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Callaway County, Missouri

## MOTHER

15. MAIDEN NAME Georgia Hayes16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Callaway County  
Missouri17. INFORMANT Mr. B. R. Blackburn  
(ADDRESS) Mexico, Missouri

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood, Mexico, Mo 3/2/3719. UNDERTAKER Chas. Arnold Jr.  
(ADDRESS) Mexico, Missouri20. FILED March 2, 1937 Blanche Reels  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 193722. I HEREBY CERTIFY, That I attended deceased from  
Feb 24, 1937, to 2/28/37, 1937I last saw her alive on 2/28/37, 1937 Death is saidto have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Paralytic Illness  
Acute Peritonitis

Date of onset

Other contributory causes of importance:

Acute Salpingitis

Name of operation

Date of

What test confirmed diagnosis? Feb 14 Was there an autopsy? no

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1937Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Sign) R. W. Allen Thompson, M. D.(Address) Mexico, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Andrain Registration District No. 26  
Township \_\_\_\_\_ Primary Registration District No. 3002  
City Meigs (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. 4869  
Registered No. \_\_\_\_\_

2. FULL NAME

Eunice Ruth Nebo

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>22</u>	<u>3</u>
		DAYS
		<u>22</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time years spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE _____ DATE _____ 19____		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>Mar 2</u> 19 <u>37</u> <u>Blanche Keely</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>2</u> <u>28</u> 19 <u>37</u>
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.	
I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.	
The principal cause of death and related causes of importance were as follows:	
Date of onset _____	
Other contributory causes of importance:	
<u>Acute Salpingitis</u> <u>Septic Puerperal Disease</u>	
Name of operation	Date of _____
What test confirmed diagnosis?	Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:	
Accident, suicide, or homicide? _____ Date of injury _____, 19____	
Where did injury occur? _____ (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury _____	
Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased?	
If so, specify _____	
(Signed) <u>R. W. Van Wagoner</u> M. D.	(Signed) _____
(Address) <u>Meigs</u>	(Address) _____

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